

**Steve Bullock, Governor**

**Sheila Hogan, Director**

Dear Prospective Community Home for Persons with Disabilities Provider:

Thank you for your interest in Community Homes for Persons with Developmental or Physical Disabilities in Montana. You are encouraged to contact your area Licensing Surveyor to discuss and clarify any and/or all steps in the licensing process as you proceed in your exploration or application as a licensed provider.

This letter is intended to guide you through the licensing process.

The following application material may be located at:

<http://dphhs.mt.gov/qad/Licensure/HealthCareFacilityLicensure/LBFacilityApplications/GroupHome>

1. Application for Licensure of a Community Home for Persons with Developmental Disabilities or Physical Disabilities.
2. Administrative Rules of Montana 37.100.301 through 37.100.340: Licensing Requirements for Community Homes for Persons with Developmental Disabilities.
3. Montana Code Annotated 53-20-301-53-20-307: Developmental Disabilities: Community Homes.
4. Administrative Rules of Montana 37.100.401-37.100.440: Licensing Requirements for Community Homes for Persons with Physical Disabilities.
5. Montana Code Annotated 52-4-201 through 52-4-205: Services to the Disabled: Physically Disabled- Community Home Licensing.
6. Release of Information
7. Tribal Court List

**Recommended and required action steps as you explore or prepare for licensure:**

1. Have you met with area and state placing agencies to determine if there is a need for a Community Homes for Persons with Developmental or Physical Disabilities in the area you have selected?
2. Have you contacted DPHHS – Developmental Disabilities Program Contract Liaison (Ph. (406) 444-2995) to determine if the Department is interested in contracting with you for services?
3. Have you contacted the local fire marshal, building codes inspector, and sanitarian to tour your site to determine preliminary compliance with fire safety, building and health safety codes?
4. Have you explored the area zoning ordinances?

5. Have you filed for corporate status? *(Please Note: Not for profit corporate status is a requirement of licensure pursuant to Montana Code Annotated 53-20-303. Parties authorized to establish and operate community homes. (1) Nonprofit corporations or associations may be formed or organized in any community for the purposes of establishing a community home or homes for persons with developmental disabilities under this part and to receive services, facilities, and funds as the department of public health and human services and other governmental units may be authorized by law to provide. (2) The department may also establish a community home or homes for persons with developmental disabilities under this part and receive services, facilities, and funds as the department and other governmental units may be authorized by law to provide.)*

**Should you decide to file an application at this time, please note the following:**

The completion of Criminal Background for direct care staff is required. The completion of such checks for prospective employees is the responsibility of the provider/employer. There is a small fee for completion of each of the above noted background checks in the state of Montana.

To complete a State of Montana Criminal Background check you will need to send the employees name, social security number and date of birth to:

**Montana Criminal Records  
PO Box 201403  
Helena, MT 59620-1403  
(406) 444-3625**

To complete a State of Montana, driving record check the request must be submitted to the DMV on the approved release form (copy is enclosed or request additional copies from the DMV).

**Montana Division of Motor Vehicles  
PO Box 201430  
Helena, MT 59620-1430  
(406) 444-4590**

For homes providing services to persons under the age of 18; protective service background checks are recommended steps in the assurance of hiring staff that do not pose a threat to residents in your care. In-state children's protective service background checks can be initiated by sending signed release(s) of information to:

**DPHHS/Child & Family Services Division  
Tiffany Snook, Office Manager  
301 South Park  
Helena MT 59620  
(406) 841-2492**

February 12, 2016  
Page 3

Upon submission of all the aforementioned information and documentation, the Licensure Bureau will schedule an onsite visit within 45 working days from the receipt of the last document. You may not admit residents in your home until you are licensed.

**The following items must be completed and submitted to initiate the licensing process:**

1. Completed and signed Application  
Articles of Incorporation, Bylaws or Letter from Sponsoring Board  
Organizational Chart;  
Current list of Board of Directors including terms of office and addresses;  
Job Descriptions for each staff;  
Program Description;  
Personnel and Program policies and procedures;  
Grievance procedures for staff;  
Grievance procedures for residents  
Orientation/training plan;  
Fire Marshal Certification;  
Sanitarian Certification  
Floor Plan: All applicants must submit a floor plan (can be hand drawn if dimensioned) of your facility indicating the size of all areas utilized by the residents. If the bedroom has any built in obstruction (i.e. a closet or bookcase) measurements are made from the front of the closet door/bookcase, (not from the closet back wall) to the opposite wall.  
Any other information relevant to licensure previously discussed between you and your area licensing specialist; and,

Please complete and return all items above to the address specified below: (label enclosed)

Suzie Graveley, Administrative Assistant  
DPHHS/Quality Assurance Division/Licensure Bureau  
2401 Colonial Drive, PO Box 202953  
Helena MT 59620-2953

If you have further questions you may contact me at the number below or Suzie Graveley, Administrative Assistant at (406) 444-2676.

Sincerely,

Julie Fink, Residential Care Program Manager  
Licensure Bureau  
Quality Assurance Division  
(406)563-4668